



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

December 13, 2011

Tracy Chellis, Administrator
Bayada Nurses, Inc
110 Kimball Avenue, Suite 250
So Burlington, VT 05403-6925

Provider ID #:477019

Dear Ms. Chellis:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **November 15, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

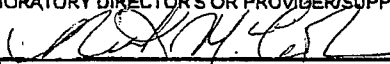
PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/15/2011
NAME OF PROVIDER OR SUPPLIER BAYADA NURSES, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 110 KIMBALL AVENUE, SUITE 250 SO BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	INITIAL COMMENTS.	G 000			
G 108	<p>484.10(c)(1) RIGHT TO BE INFORMED AND PARTICIPATE</p> <p>The patient has the right to be informed, in advance about the care to be furnished, and of any changes in the care to be furnished.</p> <p>The HHA must advise the patient in advance of the disciplines that will furnish care, and the frequency of visits proposed to be furnished.</p> <p>The HHA must advise the patient in advance of any change in the plan of care before the change is made.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the agency failed to inform the patient in advance of changes in the plan of care (Patient# 1) Findings include:</p> <p>Per record review on 11/15/11, Patient# 1 is able to make own decisions about care, had up to 40 hours/week for personal care and 2x week nursing visits for wound care and assessments. On 12/03/10 per a inter-office memo, the Agency made a "decision to serve notice to the client that we would be terminating services in fourteen days...". A telephone call was made the next day on 12/04/10, to the spouse informing them of the decision. The patient was not informed in advanced of the Agency's decision. Per interview</p>	G 108 G.108	<p>Right to Be Informed and Participate</p> <p>All Clinical Managers in all Bayada Nurses Vermont Home Health Offices will be provided with a copy of COP 484.10 for review. Responsible person, Nick McCardle Division Director. Completion date 12/15/2011.</p> <p>All Clinical Managers will audit 10% of active client charts to ensure that a signed copy of client rights is present by 12/23/2011.</p> <p>Prior to any discharge from services with the exception of a pending "Goals met" the client shall be involved in the discussion about potential discharge. This conversation will be documented in the client record by the Bayada Nurses representative involved in the discussion. Responsible person. Nick McCardle, Division Director Shall relay this information to all office teams and Directors by 12/15/2011.</p> <p>On going monitoring of this requirement shall be Provided by each office director.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
		Division Director		12/14/11	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G 108	Continued From page 1 on 11/15/11 at 5:15 PM, the Area Director of the Brattleboro Branch confirmed the patient was not informed in advanced of changes in the plan of care.	G 108			
G 118	also see G-118 484.12(a) COMPLIANCE WITH FED, STATE, LOCAL LAWS The HHA and its staff must operate and furnish services in compliance with all applicable Federal, State, and local laws and regulations. If State or applicable local law provides for the licensure of HHAs, an agency not subject to licensure is approved by the licensing authority as meeting the standards established for licensure. This STANDARD is not met as evidenced by: Based on record review and interview, the home health agency failed to operate and furnish services in compliance with State regulations as required by Vermont Regulations for the Designation and Operation of Home Health Agencies. Findings include: Per record review of Patient #1 chart the Agency failed to give prior notice of the change in the plan of care, assure the patient was involved in the decision and to facilitate needed services after discharge. The Agency made a decision prior to notifying the patient to terminate services and without without the involvement of the patient. The Agency called the spouse the day after the decision to discontinue services was made and did not confirm this with the patient. In addition, the patient was seen by nursing 2 x week for Stage 2 pressure ulcers and up to 40 hours a	G 118 G.118	Prior to any discharge from services with the exception of a pending "Goals met" the client shall be involved in the discussion about potential discharge. This conversation will be documented in the client record by the Bayada Nurses representative involved in the discussion. Likewise All efforts to resolve the situation shall be documented. Should a Discharge from Services determination meet criteria, the Clinical Manager shall request permission from the client to contact a like providing agency, or at a minimum provide contact information for a like providing agency. Documented notification of the clients. Physician will be placed in the client chart. These efforts shall be documented on a Coordination of Services note. Responsible person: Nick McCardle, Division Director Shall relay this information to all office teams and Directors by 12/15/2011. On going monitoring of this requirement shall be Provided by each office director.		

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G 118	Continued From page 2 week for personal care. There is no documentation that the Agency arranged or assisted the patient to receive the needed care. Per interview on 11/15/11 at 5:15 PM the Area Director of the Brattleboro office confirmed the failure to give prior notice in the plan of care, to resolve and/or involve the patient in the decision making and arrange for needed services.	G 118			
G 121	also see G-108 484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA. This STANDARD is not met as evidenced by: Based on record review and confirmed by interview, the Agency failed to adhere to professional standards of practice for medication administration. (Patient #1) Findings include: 1. Per a report received by the Division of Licensing and Protection on 03/29/11, Patient #1's family expressed concerns regarding the set up of pills in the pill box. Per review of the physician order dated 11/17/10, one of the medications was an antibiotic, methenamine which has a coating to help with nausea and upset stomach. Per a communication memo dated 11/18/10 and written by the Registered Nurse Case Manager states "when I got to the methenamine...I cut it in half to place in the med box at which point {the spouse} asked me what I was doing....{the spouse} did not want the pills in a pill box and didn't know why I did it". Per the	G 121			
		G.121	The RN who inappropriately cut medication is in the Process of termination from Bayada.		

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G-121	Continued From page 3 NLM/NIH, PubMed consumer information resource, states "swallow the coated tablet whole, do not crush or break, take with a full glass of water". Per interview on 11/15/11 at 5:15PM Area Director of the Brattleboro Office confirmed that the nurse did not follow professional standards of practice for medication administration. *The National Library of Medicine/National Institute of Health, PubMed 09/01/08	G121		